

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 25, 2016

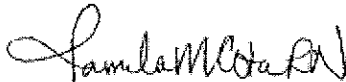
Ms. Brenda Egbert, Administrator
Bradford Oasis
92 Cottage Street
Bradford, VT 05033-8897

Dear Ms. Egbert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 26, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0618	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/26/2016
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NAME OF PROVIDER OR SUPPLIER
BRADFORD OASIS

STREET ADDRESS, CITY, STATE, ZIP CODE
**92 COTTAGE STREET
BRADFORD, VT 05033**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 7/26/16. The findings include the following:	R100		
R142 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Level of Care and Nursing Services 5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings. This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to request a variance to retain a resident receiving intravenous therapy (Resident #1). The findings include the following: Per medical record review Resident #1 was granted a level of care variance on 3/20/16 for wound care. Resident #1 was hospitalized on 6/29/16 and returned to the facility on 7/6/16, after an unresponsive episode. On return, the resident was to continue with intravenous (IV) antibiotic therapy daily at the hospital. The Visiting Nurse Association (VNA) took over the daily treatment on 7/9/16 and were providing IV therapy in the home via a Peripherally Inserted Central Catheter (PICC). The resident is being treated for a drug-resistant bacterial infection. Per review of the original level of care variance granted, effective 3/20/16, there was no mention of	R142		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Brenda Egbert RN

(X6) DATE
8/17/16

R142-R257 POCs accepted 8/24/16 mBentman RN/pmm

Division of Licensing and Protection

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R142	Continued From page 1 intravenous therapy.	R142			
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by the Registered Nurse (RN)/ Manager, the facility failed to ensure that 1 of 2 sampled residents (Resident #1) has an updated plan of care describing the resident's current needs after two unresponsive episodes and treatment of seasonal allergies. The findings include the following:</p> <p>Per medical record review, Resident #1 was hospitalized on 6/29/16 and returned on 7/6/16, after an unresponsive episode. On return, the resident was to continue with intravenous antibiotic therapy daily at the hospital. The Visiting Nurse Association (VNA) took over the daily treatment on 7/9/16 and were providing IV therapy in the home via a Peripherally Inserted Central Catheter (PICC). The resident is being treated for a drug-resistant bacterial infection. The medication is to treat the reoccurring venous ankle wound. On 7/20/16 the resident had a second unresponsive episode that resulted in Emergency Medical Service (EMS) treatment and</p>	R145			

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R145	Continued From page 2 transport to the hospital. On return to the facility on 7/22/16, physician orders identified medication changes. Per review of Care Plan/Problem list dated 5/22/16 identifies a problem of Diabetics, Peripheral Vascular Disease and MRSA (bacterial infection). Initiatives include, but not limited to sliding scale insulin, monitor and prompt testing, monitor injection, daily infusion at the hospital, Coumadin (a medication that thins the blood) with protime monitoring (lab test) and staff to monitor. Per nurses notes the resident has been receiving antibiotic treatment by the VNA at the facility since 7/9/16, Coumadin was discontinued on 6/29/16, all insulin was discontinued on 7/20/16 and is currently receiving medication by mouth to manage blood sugars. Confirmation was made by the RN/Manager, that the care plan has not been updated to reflect Resident #1's current status. Nor does the care plan identify that the resident has an allergy to Bee stings. There is no direction to staff for the treatment for emergency management in the care plan should a bee sting occur. This was cited on the re-licensure survey on 5/9/16 and was to be corrected by 6/15/16.	R145			
R146 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate	R146			

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R146	Continued From page 3 nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that all direct care staff have access to resident care plans, describing each resident's health, care and nutritional needs. The findings include the following: Per interview with the Registered Nurse/Manager, confirmation is made that care plans developed for each resident are located in the facility computer and are not accessible to direct care staff. Information regarding resident care needs are discussed verbally between the manager and staff. Resident Care Attendants do not have access to the current care plans nor is there a paper copy in the resident's medical record available for staff as a resource.	R146			
R160 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of	R160			

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R160	<p>Continued From page 4</p> <p>the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview with the facility Manager, confirmation is made that there is no formal procedure for monitoring of side effects of psychoactive medications. The findings include the following.</p> <p>Per interview with the Registered Nurse Manager (RN), confirmation was made that the facility does not have a formal screening process for identifying side effects for those residents receiving antipsychotic medications. The RN confirms that if side effects are noticed, then documentation will be made in the medical record and the physician and/or the nurse practitioner will be notified.</p> <p>Per review of medication administration policies there is no policy evidencing that side effects of</p>	R160			

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R160	Continued From page 5 psychoactive medications are monitored. See also R-171.	R160			
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation, record review and confirmed by staff interview, the manager of the home failed to ensure that all medications are handled according to facility policies, that policies have been developed to ensure that residents are assisted with administration of medications as directed by the physician and at no time are medications left in a common area unattended placing other residents at risk for injury. (Resident #2 and #3) The findings include the following: 1. Per Medication Administration Record (MAR) review, Resident #2 is to receive fifteen (15) prescribed oral medications of various types, for the treatment of Stasis Ulcer due to venous insufficiency, Depression, Multiple Sclerosis, Cerebral Vascular Accident, Hyponatremia, Congestive Heart Failure, Hypertension, Osteopenia and Right Hip Arthritis. At 9 AM the Resident Care Attendant (RCA) prepared medications as ordered for Resident #2, delivered the cup containing all 15	R161			

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R161	<p>Continued From page 6</p> <p>medications, placed the full cup on the table and instructed the resident to take his/her medications. The RCA then left the room to prepare another resident's medications. There were five (5) other residents sitting around the table.</p> <p>Confirmation was made by the RCA that she was unaware that the medications could not be left for the resident to take his/herself.</p> <p>Per interview with the facility Manager/Registered Nurse confirmation was made that the medications should not have been left at the table unattended and medication policies do not clearly identify that medications can't be left unattended for the resident to administer themselves. The policy does identify that a resident must be assessed to self administer medications.</p> <p>2. Per medical record review, Resident #3 has a physician's order for Vitamin B-12 1,000 micro-grams (mcg) intramuscularly (IM) every month on the 3rd week. The Medication Administration Record (MAR) does not identify that the injection was given on the 3rd week (week of July 18, 2016) as directed. The Resident Care Attendant identified that she did not administer the medication on the 3rd week of the month. The MAR does not identify the day of the month the medication is to be injected.</p> <p>Per interview with the facility Manager/Registered Nurse confirmation was made that the medication should have been administered on the 3rd week as identified by the physician order, the MAR does not outline when to administer the medication and that adjustments should be made for the next month administration to be given on the 4th week.</p>	R161		

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R165 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <p>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;</p> <p>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and confirmed by staff interview, the Registered Nurse of the home failed to ensure that all medications are handled according to facility policies, that policies have been developed to ensure that residents are assisted with administration of medications as per direction of the physician and at no time are medications left in a common area unattended placing other residents at risk for injury. For 2 of 4 observations made during medication administration, the findings include the following:</p>	R165			

Division of Licensing and Protection

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R165	Continued From page 8 See evidence under R161. This was cited on the re-licensing survey on 5/9/16 and was to be corrected by 6/15/16.	R165		
R171 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview with the facility Manager, confirmation is made that there is no formal procedure for monitoring of side effects of	R171		

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R171	Continued From page 9 psychoactive medications. The findings include the following. Per interview with the Registered Nurse Manager (RN), confirmation was made that the facility does not have a formal screening process for identifying side effects for those residents receiving antipsychotic medications. The RN confirms that if side effects are noticed, then documentation will be made in the medical record and the physician and/or the nurse practitioner will be notified. Per review of medication administration policies there is no policy evidencing that side effects of psychoactive medications are monitored. This was cited on the re-licensing survey on 5/9/16 and was to be corrected by 6/15/16.	R171			
R257 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.g Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residential care home failed to ensure that doors to the outside are screened against insects as required by seasonal conditions. Findings include: Per observation on 7/26/16 beginning at 8:20 AM, two doors that are used for exit/entrance to the facility were observed to be wide open to the	R257			

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R257	Continued From page 10 outdoors. A fabric screen was attached to the frame of both doors. However, both were unzipped, the Velcro closure would not hold and the fabric was held wide open to the door using some type of tie. On 7/26/16 approximately 11:30 AM, the facility manager confirmed that the two entrance doors had been wide open and there was no screen doors in use; s/he also confirmed that Resident #1, (who resides on the first floor right next to the open door) has an allergy to bee stings. On exit at approximately 2 PM both doors were still tied open to the outdoors.	R257			

Bradford Oasis Plan of Correction

8/19/2016

R142 5.8

This resident already has a variance and I did not realize it needed to be amended. I did call to make sure I could admit her back with a PICC, abx, and VNH management. I will receive amendments in the future. I will request an amended variance since her care needs have changed.

5.9c

The care plan has been updated, including the cessation of PICC and abx as a resolved problem. All care plans have been updated and are in a separate binder for staff access.

5.10a

Psychoactive meds. We will now perform AIMS eval twice yearly. We will continue to monitor and note possible symptoms and report all to PCP for consideration. We already have behavioral forms for prn psychoactive meds with behavior/diversion/medication/effect documentation.

5.10b

1) All staff are being observed dispensing and administering meds. This includes documentation of scheduled meds, prn meds, and missed/refused doses. There is particular emphasis on witnessing residents take medication and medications are never to be left for a resident to take in common areas or the resident's room. This includes a review of epipen use and locations of the epipens.

2) Residents with periodic medications will have the time range more clearly marked on the med sheet to ensure proper administration.

3) All staff are reviewing med dispensing and administration policies which are always available. A future staff meeting will include review and emphasis on proper med handling and documentation.

5.10g

Psychoactive meds. We will now perform AIMS eval twice yearly. We will continue to monitor and note possible symptoms and report all to PCP for consideration. We already have behavioral forms for prn psychoactive meds with behavior/diversion/medication/effect documentation.

R257

The door screens have been adjusted and are working well. If they fail, the doors will be kept closed. Residents and staff are being reminded to leave the screens down.

Brenda Egbert, RN
8/19/16

Brenda Egbert or Susan Hanna Rose, RN will complete AIMS. Brenda Egbert will conduct med observation. Documentation checks will continue weekly. Care plans are being revised by Brenda. All correction to be completed 9/15/16